Fill	in this information to	o identify your ca	ase:								
De	btor 1	Robert Cum	mings								
	btor 2 buse, if filing)					_					
Un	ited States Bankrupt	tcy Court for the	: NORTHERN DISTRIC	CT OF OHIO							
		50189		_			Chec	k if this is:			
(If kı	nown)						■ A	n amende	ed filing		
_	· · -									g postpetition ollowing date:	
<u>O</u>	fficial Form	<u> 1061</u>					N	1M / DD/ Y	YYY		
S	chedule I: `	Your Inc	ome								12/15
atta	ch a separate shee	et to this form.	r spouse is not filing wi On the top of any additi	onal pages, write yo				umber (if	known). A	nswer every	
	information.	•		Debtor 1				Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional employers.		Employment status	■ Employed				☐ Employed			
			Occupation	☐ Not employed				☐ Not e	mployed		
	Include part-time, self-employed wo		Employer's name	Summit County	MRDD						
	Occupation may in or homemaker, if		Employer's address	175 S Main St Akron, OH 4430)8						
			How long employed t	here?				_			
Pai	rt 2: Give Det	ails About Mor	nthly Income								
	imate monthly inco		ate you file this form. If	you have nothing to r	eport for	any	line, write	s \$0 in the	space. Inc	clude your noi	n-filing
	ou or your non-filing : e space, attach a se		ore than one employer, co	ombine the informatio	n for all e	emplo	oyers for	that perso	on on the li	nes below. If	you need
							For Del	otor 1		otor 2 or ng spouse	
2.			ry, and commissions (becalculate what the monthle		2.	\$	5	,548.53	\$	N/A	
3.	Estimate and list	monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	5,54	48.53	\$	N/A	

Official Form 106l Schedule I: Your Income page 1

Deb	tor 1	Robert Cummings	-	C	Case number (<i>if kr</i>	19-5	19-50189			
					For Debtor 1		noi	r Debtor n-filing s	pouse	
	Cop	by line 4 here	4.		\$ 5,548	3.53	_		N/A	_
5.	List	t all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5а	а.	\$1,109	9.85	\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b	Ο.		0.00			N/A	_
	5c.	Voluntary contributions for retirement plans	50		. —	0.00	—		N/A	_
	5d.	Required repayments of retirement fund loans	5d			0.00			N/A	_
	5e. 5f.	Insurance Demostic current obligations	5e 5f.		. —	3.54			N/A	_
	5g.	Domestic support obligations Union dues	5g		·	0.00 0.00	- '-		N/A N/A	_
	5h.				·	0.00			N/A	_
6.		d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 1,448		- * <u>-</u> \$		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 4,100		- '-		N/A	_
		• • • • • • • • • • • • • • • • • • • •	,.		4,100	J. 14	- " —		IN/A	_
8.	Ba.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a	а.	\$	0.00	\$		N/A	
	8b.		8b	Ο.	\$	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	D.	\$	0.00	\$		N/A	
	8d.	· · ·	8d		·	0.00			N/A	
	8e.	Social Security	8e	€.	. —	0.00			N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.			0.00			N/A	_
	8g.	Pension or retirement income	8g			0.00			N/A	_
	8h.	Other monthly income. Specify:	8h	า.+	\$	0.00	+ \$_		N/A	=
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	6	0.00	\$_		N/A	4
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	4,100.14	+ \$		N/A	= \$	4,100.14
		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_	4,100.14	'		- 17/2		4,100.14
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify:	depe							0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certainlies						e. 12.	\$	4,100.14
									Combi	ned ly income
13.	Do :	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?							
		· · - · · · · · · · · · · · · · · ·								

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:								
Deb	Robert Cummings		Che	ck if this is: An amended filing					
Deb	tor 2			A supplement show	ving postpetition chapter				
(Spo	ouse, if filing)			13 expenses as of	the following date:				
Unit	ed States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO		MM / DD / YYYY						
1	nown) 19-50189								
	fficial Form 106J								
S	chedule J: Your Expenses				12/15				
info	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this f mber (if known). Answer every question.								
Par 1.	t 1: Describe Your Household Is this a joint case?								
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?								
	□ No								
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate Househol	d of Deb	tor 2.					
2.	Do you have dependents? ☐ No								
۷.	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?				
	Do not state the				□ No				
	dependents names.	Child		6	Yes				
					□ No				
					Yes				
					□ No				
					☐ Yes				
					□ No □ Yes				
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes				L Tes				
Par	t 2: Estimate Your Ongoing Monthly Expenses								
Est	imate your expenses as of your bankruptcy filing date unless your bankruptcy is filed. If this is a suppolicable date.								
	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on Schedule I: Y								
(Of	ficial Form 106l.)			Your expe	enses				
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$	S	1,000.00				
	If not included in line 4:								
	As Real estate toyon		40 (•	0.00				
	4a. Real estate taxes4b. Property, homeowner's, or renter's insurance		4a. 3 4b. 3		0.00 0.00				
	4c. Home maintenance, repair, and upkeep expenses		4c. S		100.00				
	4d. Homeowner's association or condominium dues		4d. S		0.00				
5.	Additional mortgage payments for your residence, such as hor	me equity loans	5. 9	S	0.00				

Official Form 106J Schedule J: Your Expenses page 1

Debtor 1	Robert Cummings	Case num	ber (if known)	19-50189
1 14:11	4iaa.			
6. Utili 6a.	ties: Electricity, heat, natural gas	6a.	\$	75.00
6b.	Water, sewer, garbage collection	6b.		75.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	110.00
6d.	Other. Specify:	6d.	·	
	· · · · · · · · · · · · · · · · · · ·	7.	· .	0.00
	d and housekeeping supplies			850.00
	dcare and children's education costs	8.	\$	440.00
	hing, laundry, and dry cleaning	9.	\$	120.00
	sonal care products and services	10.	\$	100.00
	lical and dental expenses	11.	\$	250.00
	nsportation. Include gas, maintenance, bus or train fare.	12.	\$	300.00
	not include car payments.		·	
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	· ·	150.00
	ritable contributions and religious donations	14.	\$	50.00
. Insu				
	not include insurance deducted from your pay or included in lines 4 or 20.	150	¢	20.25
	Life insurance	15a.		36.35
	Health insurance	15b.	· -	0.00
	Vehicle insurance	15c.	•	188.14
	Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spe		16.	\$	0.00
	allment or lease payments:			
17a.	Car payments for Vehicle 1	17a.	\$	239.09
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
17d.	Other. Specify:	17d.	\$	0.00
3. You	r payments of alimony, maintenance, and support that you did not report as	<u> </u>		
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
 Other 	er payments you make to support others who do not live with you.		\$	0.00
Spe	cify:	19.		
). Oth	er real property expenses not included in lines 4 or 5 of this form or on Scho	edule I: Yo	our Income.	
20a.	Mortgages on other property	20a.	\$	0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
Oth	er: Specify:		+\$	0.00
			_	0.00
2. Calc	culate your monthly expenses			
22a.	Add lines 4 through 21.		\$	4,083.58
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	Add line 22a and 22b. The result is your monthly expenses.		\$	4,083.58
				4,000.00
	culate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,100.14
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	4,083.58
				,,
23c.	Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	16.56
	, .		. ———	
	you expect an increase or decrease in your expenses within the year after yo			
For e	example, do you expect to finish paying for your car loan within the year or do you expect you			ase or decrease because of a
	fication to the terms of your mortgage?			
	lo			
□Y	'es. Explain here:			